

Entered - 04/10/00 - sb  
CL00L0220 - DIANNE C. MITCHELL

00-*ℓ*-1752

CLAIM OF: DONALD H. MILL  
6 Vista Square  
Atlanta, Georgia 30327

For damages alleged to have been sustained as a result of a vehicular  
accident on January 13, 2000 at 95 Ardmore Place.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0220

Date: October 19, 2000

Claimant /Victim DONALD H. MILL

BY: (Atty) (Ins. Co.)

Address: 6 Vista Square, Atlanta, Georgia 30327

Subrogation: Claim for Property damage \$ 2,978.79 Bodily Injury \$           

Date of Notice: 04/07/00 Method: Written, proper X Improper           

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 01/13/00 Place: 95 Ardmore Place

Department Public Works Division: Solid Waste Services

Employee involved Billy J. Johnson Disciplinary Action: Written Counseling

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's parked vehicle causing damages in the above amount. However, the claimant has elected to receive payment for his damages through his insurance carrier.

INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral           

Pictures            Diagrams            Reports: Police X Dept Report X Other           

Traffic citations issued: City Driver            Claimant Driver           

Citation disposition: City Driver            Claimant Driver           

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial           

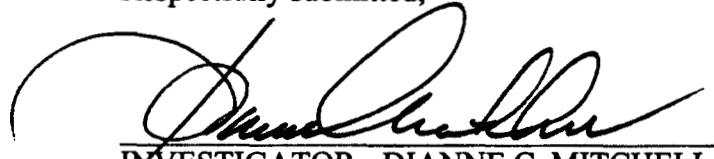
Improper Notice            More than Six Months            Other            Damages reasonable           

City not involved            Offer rejected            Compromise settlement           

Repair/replacement by Ins. Co. X Repair/replacement by City Forces           

Claimant Negligent            City Negligent X Joint            Claim Abandoned           

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$            Adverse X Account charged: 1A01            2J01            2H01           

Claims Manager:  Concur/date 10/19/00

Committee Action:            Council Action

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/4/00

ENTERED - 4-10-00 - SB  
00L0220 - DIANNE MITCHELL

Mitchell  
04/07/00

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,978.79 (Plus car rental) property and/or \$            bodily injury for which I contend the City is liable.

1. Date of incident: 01/13/00 2. Time of Incident: 9:00 AM 3. Police called: ✓  
(month/day/year) Yes No
4. Location of incident (including street address): 95 Ardmore Place Atlanta Ga 30329
5. Name of your insurance company: State Farm Policy No. 1579298 B2811E
6. State what and how incident occurred: City Sanitation Vehicle  
knocked into Front left Quarter panel  
while car was parked.  
Complaint # 000130558 officer T. Niggs

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Lexus SC 300 1993 Donald H. Mill  
(Make) (Year) (Tag Number) (Driver's Name) 404-523-0632

City vehicle: Robert Lollis Sanitation Route Supervisor  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Ronald Mill 95-1 Ardmore Place 404-352-1899  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Donald H. Mill  
Signature of Claimant

Donald H. Mill  
(Print Claimant's Name)

6 Vista Square  
(Address)

Atlanta Ga. 30327  
(City, State and Zip Code)

404 350-5900 404 609 9996  
(Work Number) (Home Number)

00-R-1752